



OKLAHOMA
State Department
of Health

REPORTABLE DISEASES/ CONDITIONS

The following diseases are to be reported to the OSDH by PHIDDO or telephone (405-426-8710) immediately upon suspicion, diagnosis, or positive test.

Anthrax	Hepatitis B during pregnancy (HBsAg+)	Poliomyelitis
Bioterrorism - suspected disease	Measles (Rubeola)	Rabies
Botulism	Meningococcal invasive disease	Smallpox
Diphtheria	Novel coronavirus	Typhoid fever
Free-living amebae infections causing primary amebic meningoencephalitis	Novel influenza A	Viral hemorrhagic fever
	Outbreaks of apparent infectious disease	
	Plague	

The following diseases are to be reported to the OSDH by secure electronic data transmission within one working day (Monday through Friday, State holidays excepted):

Acid Fast Bacillus (AFB) positive smear (only if no additional testing is performed or subsequent testing is indicative of <i>Mycobacterium tuberculosis</i> Complex)	Hepatitis C infection in persons having jaundice or ALT > or = 200 with laboratory confirmation. (If hepatitis C EIA is confirmed by NAT for HCV RNA, or s/co ratio or index is predictive of a true positive then report results of the entire hepatitis panel. Positive HCV RNA are reportable by both laboratories and providers.)	Streptococcal disease, invasive, Group A (GAS)
AIDS (Acquired Immunodeficiency Syndrome)		<i>Streptococcus pneumoniae</i> invasive disease, children <5 yrs.
<i>Anaplasma phagocytophilum</i> infection	HIV (Human Immunodeficiency Virus) Infection (All tests indicative of HIV infection are reportable by laboratories and providers.)	Syphilis (Nontreponemal and treponemal tests are reportable. If any syphilis test is positive, then all syphilis test results on the panel must be reported. For infants ≤18 months, all syphilis tests ordered, regardless of test result, must be reported.)
Brucellosis	Influenza associated hospitalization or death	Tetanus
California serogroup virus infection	Legionellosis	Trichinellosis
Campylobacteriosis	Leptospirosis	Tuberculosis
Chikungunya virus infection	Listeriosis	Tularemia
Congenital rubella syndrome	Lyme disease	Unusual disease or syndrome
Cryptosporidiosis	Malaria	Vibriosis including cholera
Cyclosporiasis	Mumps	West Nile virus infection
Dengue fever	Pertussis	Western equine encephalitis virus infection
Eastern equine encephalitis virus infection	Powassan virus infection	Yellow fever
<i>Escherichia coli</i> O157, O157:H7 or a Shiga toxin producing <i>E. coli</i> (STEC)	Psittacosis	Zika virus infection
Ehrlichiosis	Q Fever	
<i>Haemophilus influenzae</i> invasive disease	Rubella	
Hantavirus infection, without pulmonary syndrome	Salmonellosis	
Hantavirus pulmonary syndrome	Shigellosis	
Hemolytic uremic syndrome, postdiarrheal	Spotted Fever Rickettsiosis (<i>Rickettsia</i> spp.) hospitalization or death	
Hepatitis A infection (Anti-HAV-IgM+)	St. Louis encephalitis virus infection	
Hepatitis B infection (If any of the following are positive, then all test results on the hepatitis panel must be reported: HBsAg+, anti-HBc-IgM+, HBeAg+, or HBV DNA+)		

The following diseases and laboratory results are to be reported to the OSDH within one month:

CD4 cell count with cell count % (by laboratories only)	Creutzfeldt-Jakob disease	<i>Lymphogranuloma Venereum</i> (LGV)
Chlamydial infections (<i>C. trachomatis</i>)	Gonorrhea (<i>N. gonorrhoeae</i>)	reportable as Chlamydia.
	HIV viral load (by laboratories only)	

Pure isolates of the following organisms must be sent to the OSDH Public Health Laboratory within two (2) working days (Monday-Friday, state holidays excepted) of final ID/diagnosis

<i>Bacillus anthracis</i>	<i>Haemophilus influenzae</i> (sterile site isolates)	spp., and other genera in the family) **
<i>Brucella</i> spp.		<i>Yersinia</i> spp. **
Carbapenem-resistant <i>Acinetobacter</i> spp.	<i>Listeria</i> spp. (sterile site isolates)	
Carbapenem-resistant <i>Enterobacteriaceae</i>	<i>Mycobacterium tuberculosis</i>	
Carbapenem-resistant <i>Pseudomonas aeruginosa</i>	<i>Neisseria meningitidis</i> (sterile site isolates)	
<i>Escherichia coli</i> O157, O157:H7, or a Shiga toxin producing <i>E. coli</i> **	<i>Plasmodium</i> spp.	
<i>Francisella tularensis</i>	<i>Salmonella</i> spp. **	
	<i>Vibrionaceae</i> family (<i>Vibrio</i> spp., <i>Grimontia</i> spp., <i>Photobacterium</i>	

** Laboratories unable to perform reflex culture for isolation/recovery of specified bacterial pathogens detected by CIDT assays shall submit positive CIDT stool samples in Cary Blair or modified Cary Blair transport media to the OSDH PHL within two (2) (Monday through Friday, state holidays excepted) working days of final CIDT result..

Acute Disease Service
(405) 426-8710
Available 24 Hours a Day

Sexual Health & Harm Reduction Service
Ph: (405) 426-8400 / Fax (405) 900-7586

Public Health Laboratory
(405) 564-7750
Fax (405) 900-7611